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LETTER

A Response to "A Personal Perspective: Is Bullying Still a Problem in Medicine?" – A Medical Student Perspective [Letter]

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Dear editor

We read, with great interest, the article by Taylor-Robinson et al discussing whether bullying remains a pertinent issue in the medical profession.[1] Shedding light on this matter is more critical now than ever before due to the significant mental health challenges brought upon us by the COVID-19 pandemic.[2]

As fifth year medical students, we may not always witness overt instances of bullying like those described by the reportee. However, this does not imply that medical students are not familiar with the theme of mistreatment during their studies. The authors appropriately highlighted the existence of institutional bullying within the profession, but were hesitant to discuss just how early on in one's medical career it may be suffered.

The reportee interviewed in the original study described his experiences with bullying from 1984 onwards; however, there was no mention of his experiences during medical school. Baldwin et al demonstrated that, as early as 1991, mistreatment or harassment was a widespread perception amongst medical students, with 96% of students reporting some form of it.[3] Baldwin found that a toxic culture had perhaps been allowed to persist due to a reluctance from students to complain, and a perceived lack of action resulting from complaints made. It could be argued that measures to curb bullying, in place today, did not exist three decades ago.

Nonetheless, a study in 2014 found that one fifth of medical students had experienced harassment within months of starting their clinical placements.[4] Whilst the incidence of bullying may be declining, this suggests that the issue is still relevant. We felt that the authors should have explored the potential relationship between the vocational hierarchy that exists within the medical profession and the generalised tendency to "bully" those more junior, at every stage of medical training.

During our training, medical schools have established systems to tackle bullying and mistreatment. Initiatives have included the assignment of personal tutors to each student, pastoral tutors within teaching hospitals, and opportunities to provide anonymised feedback during clinical rotations. Students have expressed that the appointment of pastoral tutors has made it more feasible to approach members of faculty regarding sensitive issues.[5] These initiatives not only facilitate a medium for

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complaints, but communicate to the student body that their mental wellbeing is a priority.

The authors suggested that centralised reporting mechanisms, such as Athena SWAN, do not profoundly challenge bullying within the profession. The attitudes expressed here seem subjective; it would be of interest to understand whether this opinion is held by the majority of medical professionals with evidential backing to support this claim. At early stages of training, medical students collectively consider the initiatives described above to be crucial in reducing bullying.[5] The provision of different channels through which students can express concerns about mistreatment is more meaningful than a mere "tick box" exercise. Moreover, the consequences of mistreatment have been outlined, with schools emphasising a zero-tolerance policy for any such behaviour. This endeavour is the least that can be expected in, what should be, a benevolent profession.

Disclosure

The authors report no conflicts of interest in this communication.

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